

Provider Complaints Summary Report

Health Plan ID: 2162519
Health Plan Name: Amerigroup Louisiana, Inc.
Health Plan Contact:
Contact Email:
Report Period Start Date: 20131201
Report Period End Date: 20131231

BAYOU HEALTH Reporting

Document ID: PI182 Revision Date: 11/01/2013
Document Name: PROVIDER COMPLAINTS SUMMARY REPORT
Reporting Frequency: Monthly
Report Due Date: 15th of the month following end of reporting period
File Type: Excel
Subject Matter: Informatics (I)

| | Claims Processing | Reimbursement Rates | Prior Authorization | PCP Linkages | Provider Enrollment and Credentialing | Lack of Access to Providers or Services | Provider Directory | Lack of Information /Response | Other | Total |
|--|-------------------|---------------------|---------------------|--------------|---------------------------------------|---|--------------------|-------------------------------|-------|-------|
| # complaints received this month | 1153 | 1 | 2 | 1 | 5 | | | | 12 | 1174 |
| # complaints resolved this month | 1040 | 1 | 2 | 1 | 5 | | | | 11 | 1060 |
| # complaints pending over 30 days* | 10 | | | | | | | | | |
| # complaints pending over 90 days* | 0 | | | | | | | | | |
| | | | | | | | | | | |
| Total complaints received YTD | 7516 | 1 | 79 | 59 | 5 | | 22 | 65 | 106 | 7853 |
| Total complaints resolved YTD | 8699 | 1 | 67 | 57 | 5 | | 18 | 58 | 80 | 8985 |
| # complaints pending over 30 days YTD* | 10 | | | | | | | | | |
| # complaints pending over 90 days YTD* | 0 | | | | | | | | | |

| | | | | Resolved with change to original payment |
|----------------------------|----------|---------|----------|--|
| Formal Claims Disputes YTD | Received | Pending | Resolved | |
| First Level Review | | | | |
| Second Level Review | | | | |
| Arbitration | | | | |

*Each complaint pending over 30 days for this calendar year must be shown on worksheet "A1 30+ days".

PI 182 - Attachment 1: Complaints Pending or Closed 30+ days after Original Date Filed

Health Plan Name: Amerigroup Louisiana, Inc.
Reporting Period: 20131201-20131231

| Status Category Codes | |
|--|---|
| Pending | Closed |
| P1-Information needed from Provider P2-Internal Plan Review P3-Per Independent Arbitration P4-Referred to DHH P5-Other | C1-Withdrawn by Provider C2-Per Internal Plan Action/Decision C3-Per Independent Arbitration C4-Per DHH Review C5-Other |

| Date Filed (YYYYMMDD) | Name of Person Filing Complaint | Organization | Summary of Complaint | Summary of Attempts to Resolve Complaint | Date Closed (YYYYMMDD) | # of Days Pending | Status Category |
|--------------------------|---------------------------------|------------------------------------|--|---|---------------------------|----------------------|-----------------|
| 11/27/2013 | Catty V | Alere Women's & Children's Health | Auth was approved fro S9351 x28, per the autho #103392259 when you read the notes under the auth it was partial denied for the code denied was 99601 but S9351 was approved for all dates, we need to tie autho to the claim so it will coordinate with the eop | 1st | | 45 | P2 |
| 11/27/2013 | N/A | Baton Rouge General Medical Center | provider states the amount that we paid on 11/16/2013 is the incorrect amount but the payment of 57,134.20 is the correct amount per the notes on 11/12/2013 it states Working Adjust Eligible Report Forager#2046 Project LA-2013-06526 Claims are adjusted due to the Texas Medicaid reduced reimbursement rates. Retracting \$907.28. | 2nd | | 45 | P2 |
| 11/27/2013 | N/A | Reish, Eric R. | Please review clm 117683537200 again please. We paid the 67028 with auth C01399096 however, we denied J2778 stating not covered under contract. Showing under medical configuration 10.61 priced at \$0. But, we paid another dos (9-4-13) on this mbr. Please see 116932358101 on this same code. The J2778 does require precert. Please see there auth P00016998 | 1st | | 45 | P2 |
| 12/2/2013 | N/A | Mansour, Jr, Alfred A. | Claim denied as a duplicate but claim has a modifier 26 | 1st | | 40 | P2 |
| 12/4/2013 | N/A | Touro Infirmary | AGP was contacted by the provider's representative. The provider's representative called in a complaint which was forwarded to a nurse reviewer instead of the appeals/PR dept. The claim went through appeals and was denied at a NICU level 1 and paid at a | 1st | | 38 | P2 |
| 12/5/2013 | Sheila F 504-897-8294 | Touro Infirmary | Prv has auth on file for this claim, for cpt code J2469, lines 20 & 21. auth # 103585939. | 1st | | 37 | P2 |
| 12/6/2013 | N/A | Ingram, Christopher L | This claim was processed but denied stating auth has not been finalized, however provider has auth # WEB089080 for this claim that has been approved, please review and reprocess.\$Claim # 117720695500 Contact : Allison E xxx This claim had also denied due to auth however provider has auth # WEB089080 | 1st | | 36 | P2 |
| 12/6/2013 | N/A | Martha A Carmello | prv insisting that the claim be reprocess for payment along with auth on file... | 1st | | 36 | P2 |
| 12/6/2013 | George F. | Rodriguez, Kinsey H. | Claim denied for "The submitted code is disallowed because the procedure is non-reimbursable". Claim processed under wrong id #. Provider is par under id # 01459544. Provider is under same tax id and npi | 1st | | 36 | P2 |
| 12/6/2013 | DJ R | Caulfield, Kyle L. | Corrected claim that was sent in was applied to the wrong prv. The corrected claim went on claim 116892145301 and should of be applied to this claim/prv. Can you please review this information for the prv and to redjust and reprocess the claim accordingly | 1st | | 36 | P2 |